[®] U.S. Department of Labo Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
E	(AUG152005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Chis Vill						
1. File Number U - 2396	2. Fiscal Year Covered From:					
,	1/1/2004 Through: $12/31/2004$					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name RICHARD B BAKER, JR.	Name ILWU LOCAL 142					
	Labor Organization File Number 016-952					
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 100 WEST LANIKAULA STREET	Street 451 ATKINSON DRIVE					
City HILO	City HONOLULU					
State HAWAII ZIP Code + 4 96720	State HAWAII ZIP Code + 4 96814					
5. Position in labor organization.						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	7.b. Amount.					
	growth of the control					
City						
State ZIP Code +4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Richard B. Baker J.	On 8/9/2005 1-808-935-3727					
	Date Telephone Number					

Name of Person Filing RICHARD B. BAKER, JR.		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name The Hotel Industry-ILWU Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1221 Kapiolani Blvd., Suite #900 City Honolulu State Hawaii ZIP Code + 4 96814	9. Business deals with: a. Labor Organiza X b. Trust c. Employer	atìon			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name The Hotel Industry-ILWU Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1221 Kapiolani Blvd., Suite #900 City Honolulu State Hawaii ZIP Code + 4 96814	defined benefication providing pensions who are representations therefore a trace of the refore a trace of the refore a trace of the reported on the reported on the recommendation of the recommendat	stry-ILWU Pension Plan is a t multi-employer pension plan ion benefits for employees ented by ILWU Local 142 and is ust in which the ILWU Local ted. Per Dept. of Labor guidelso a business that needs to my LM-30 ue of such dealing.			
	12.b. Amount.	(see attached)			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.				
City State ZIP Code + 4	- Accompany of the Control of the Co				
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Attachment to: FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Richard Baker, Jr.

Ending Date of Report: December 31, 2004

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended LM-30.

Item 12.b for Hotel Industry - ILWU Pension Plan:

a)	January 16-17, 2004 Trust Fund Meeting at The Lodge at Koele, Lanai City, Hawaii: 1) Hotel Room (1 night)/Transportation/						
	•	Porterage/Meals	\$335.00				
	2)	Airport Parking (2 days)	\$14.00				
b)) June 13-16, 2004 Trustee & Administrators Institute Conference at Stateline, Nevada:						
	1)	Airfare	\$701.00				
	2)	Hotel Expenses	\$702.00				
		a) Applied Deposit: \$351.00					
		b) Room Charge Cost: \$262.00					
		\$89.00					
	3)	Miscellaneous Expenses (meals/tips/etc.)	\$209.00				
	4)	Conference Registration fee	\$855.00				
c)	c) July 16-17, 2004 Trust Fund Meeting at the Hapuna Beach Prince Hotel at Hapuna, Hawaii:						
	1)	Hotel Room (1 night)/Porterage/Meals	\$260.00				
d)	d) November 30-December 4, 2004 50th Annual Employee Benefits Conference at New						
	Orleans, Louisiana:						
	1)	Airfare	\$789.00				
	2)	Hotel (Applied Deposit)	\$813.00				
	3)	Misc. Expenses	\$328.00				
	4)	Conference Fees	\$890.00				
			TOTAL FOR YEAR 2004:	<u>\$5,896.00</u>			